

VA Medical Center at Memphis PGY1 Pharmacy Practice Residency Application

Name: _____
Last First Middle

Address: _____
Number Street Apt. #

City State Zip Code

Phone: _____
Home Cell Phone

Additional Contact Person/Phone: _____

E-Mail Address: _____

College of Pharmacy _____ **Year of Graduation** _____

VAMC application requirements include:

1. Completed residency application and current Curriculum Vitae
2. Transcripts from colleges of pharmacy attended
3. Letter of intent from applicant
4. Three (3) letters of recommendation
5. Formal interview to be arranged by residency director
6. Pharm.D. degree from an ACPE-accredited college of pharmacy and eligible for licensure in the United States
7. Participation in the ASHP Residency Matching Program

All correspondence should be addressed to:

Kevin L. Freeman, Pharm.D., BCNSP
Residency Program Director (119)
Veterans Affairs Medical Center
1030 Jefferson Avenue
Memphis, Tennessee 38104
Phone: (901) 577-7363
Fax: (901) 577-7306
Email: Kevin.Freeman@va.gov

Application Due January 15